PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth	or transmitting ig the Patent, a serwise in Bloc	the ISSUE FEE dvance orders an k 1, by (a) specil	and PUBLICATI d notification of n fying a new corres	ON FEE (if regunaintenance fees we pondence address;	ired). Blo vill be ma and/or (l	cks 1 through 5 sli aled to the current of b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for
38107 PHILIPS INTE P. O. Box 3001 BRIARCLIFF M	Fee(pape have DS I ber	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			(Depositor's name)
								(Signature)
				L			***************************************	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVE			ITOR		EY DOCKET NO.	CONFIRMATION NO.
10/598,005 09/17/2007 Kirsten Meetz 2004P00466WOUS 9016 TITLE OF INVENTION: DEVICE AND PROCESS FOR MULTIMODAL REGISTRATION OF IMAGES								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE PUBLI	CATION FEE DIJE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	$N_{\rm O}$	NO \$1740		\$300	\$0		S2040	02/17/2012
EXAMINER		ART UN	IT CLA	SS-SUBCLASS				
CONWAY, THOMAS A 2624				382-294000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI		ified below, no detion of this fo		II appear on the partitute for filing an a	-			ocument has been filed for
KONINKLIJKE PHILIPS ELECTRONICS N.V. EINDHOVEN, THE NETHERLANDS								
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔯 Corporation or other private group entity 🛄 Government								
4a. The following fee(s) are submitted:  XI Issue Fee  XI Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>KI The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1412/0 (enclose an extra copy of this form).</li> </ul>				
	tus (from status indicated s SMALL ENTITY state			***************************************	nerenneren er en	***************************************	'Y status. See 37 CF	
NOTE: The Issue Fee an		uired) will not h	e accepted from a	myone other than th			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	e assignee or other party in
Authorized Signature	/kevin c.	ecker/			DateF	ebru	ary 17, 2	012
Typed or printed name Kevin C. Ecker					Registration No. 43,600			
an application. Confider submitting the complete:	tiality is governed by 35 d application form to the	U.S.C. 122 and USPTO. Time	U37 CFR 1.14. TI will vary denend	nis collection is est ling unon the indiv	imated to take 12 i idual case. Any co	minutes to omments c	ocomplete, including on the amount of tim	by the USPTO to process) g gathering, preparing, and ne you require to complete runent of Commerce, P.O.

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.